

BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov

## Commercial Registered Agent Registration Statement

(PURSUANT TO NRS 77.320)

**Instructions:** An individual or entity transacting business as a Registered Agent in this state for 10 or more business entities must register with the Secretary of State as a Commercial Registered Agent.

All sections must be co 1. Person registering as a c Legal Name of Individual:			cted.			OR OFFICE USE ONLY 7 - DO NOT HIGHLIGH
Legal Name of Entity:		or				
2. Entity Type:						
3. Nevada Business ID#:						
4. Jurisdiction of Organization	on:					
5. All DBAs, fictitious firm na business (add pages, if nec		ains by wh	ich this	commercial reg	istered ager	nt will do
6. The above listed person i address of the person in this						
sent to entities represented	by it may be delivered is:				7	
					Nevada	
Street Address		City			Novada	Zip Code
NA-Trans Address Cash of different for		0:4-			Nevada	7'- 0-1-
Mailing Address (only if different from		City				Zip Code
7. Email address where elec	·					
8. Individual who has the au	ithority to act on behalf of t	he comme	rcial reg			
Name:				Telephone:		
Address:					1	1
Street Address		City			State	Zip Code
9. Required Statement: The managing agent of a commethe individual has had his or registered agent or a direct authority of this state or and agent because the individual defraud the public.	ercial registered agent has r her civil right restored. Th or, officer or managing age other state or enjoined by a	not been one registerent of a regination court of court o	convicte ed agen stered a empeter	ed of a felony, an at has not had his agent denied or at jurisdiction fro	nd if convicted s or her ability revoked by a m serving as	ed of a felony, ity to serve as a appropriate s a registered
10. Signature: I declare, to document is correct and acl false or forged instrument for	knowledge that pursuant to	NRS 239.	330, it i	s a category C f		
First Name of Signer (Print)		Middle Initial	Last Nar	me of Signer		
X						
Authorized Signature of Individu	al or On Behalf of Entity			_ Date		

Nevada Secretary of State Form CRA Registration

Revised: 1-5-15